

Nishna Productions, Inc. Quality Indicators and Improvement Plan Residential Quality Indicators and Improvement Plan
10-1-22 to 12-31-22 Period

Quality Indicators	Action Steps	Record Keeping	Dates Checked	Progress	Plans for Improvement
Beds will be filled at 97% occupancy.	<ol style="list-style-type: none"> 1. The Director of Residential Services will send monthly emails to all funders with information regarding all current openings. 2. Staff will be trained on any specific behavior and medical issues before new clients arrive to deal more effectively with any issues. 	The Director of Residential Services will record occupancy rates each month and compile averages on a monthly, quarterly, semi-annual, and annual basis.	1-6-23	At the end of this reporting period, beds were filled at 95%.	Director of Residential is working with GRC to find appropriate individuals for open beds. Two existing openings at the Oak St. Group Home are proving to be problematic to fill as we have had several applications for placement go out and very few returned, and we are no longer taking individuals with substance abuse issues as we are not equipped to deal with the repercussions. The Director will continue to send out applications as requests arrive and will vet each candidate for appropriateness. She will continue to work with GRC, but those transitions occur slowly.
Hours billed vs. Staff hours paid will be at 85% utilization.	<ol style="list-style-type: none"> 1. Hourly staff will document no more than 10 minutes for each hour of service provided. 2. Staff will wait no more than 15 minutes for any client that is not available for scheduled hours. 3. Team Leaders will strive to keep all meetings from running longer than needed. 4. Team Leaders will coach any hourly staff whose utilization rate falls below 80%. 	The Director of Residential Services will review the payroll and billing each month to determine utilization rates.	1-6-23	Hours billed vs. staff hours paid was at 86% this reporting period.	N/A
No more than 3 deficiencies will be cited at any DIA surveys or investigations.	<ol style="list-style-type: none"> 1. Staff will review a component of Chapter 57 at monthly staff meetings. 2. Staff will be quizzed on Chapter 57 at monthly staff meetings. 3. Staff will read all past surveys, so they know of past deficiencies. 	The Director of Residential Services will participate in and review all DIA investigative and survey findings.	1-6-23	There were no DIA surveys this reporting period.	N/A

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Residential Team Leaders will take quarterly training on various health issues.	<ol style="list-style-type: none"> The Director of Residential Services will research various trainings on health-related issues and present at least one Information Fact Sheet each month. Team Leaders will share the information learned with their staff to educate all. 	The Director of Residential Services will receive reports from Team Leaders at monthly Client Services Meetings.	1-6-23	During this reporting period Tls were given fact sheets on Down Syndrome, Borderline Personality Disorder, and Angelman's Syndrome.	None needed.
Staff will research, plan and encourage participation in at least one community activity per week for all individuals they serve.	<ol style="list-style-type: none"> Team Leaders will ensure staff are planning at least one activity per week for all clients living in the home, be that individual activities or group activities. Staff will let TL know what activity they have planned and will document participation and refusals. Tls will reflect this on staff evaluations and coach staff as needed. Staff will document activities on the site activity log, who participated and community involvement. The Director of Residential Services will check these logs weekly to ensure activities are being offered. If activities are not being offered or not being recorded The Director will coach Team Leaders. The Director will also send weekly emails with upcoming events and activities. 	Activities will be documented on the site activity logs in the site-specific z drive. Refusals will also be charted on the activity log.	1-6-23	Staff are doing more activities with clients than ever before, they are doing the usual things like shopping and going out to eat, but have also gone to see plays, museums, and going to the movies. However, not all sites are completing the activity charts for their sites. This must improve to truly be able to measure the outcome.	Team Leaders will ensure that the activity charts for their homes are completed as soon after an activity as possible. They will check these at least once a week. Some Team Leaders have begun to give their staff goals of researching activities in the community and taking clients on these outings.

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<p>Clients will maintain or improve their independent living skills within 5%.</p>	<ol style="list-style-type: none"> 1. Staff will complete annual independent living skills assessments that will show areas in need of improvement. 2. Program Coordinators will write pertinent goals that address specific client needs. 3. Program Coordinators will write goals that are easily understood by staff responsible. 4. Staff will run all goals and objectives as written. 5. Staff will assist clients in all areas of daily living as they require it. 	<p>Team Leaders and designated direct care staff will complete individual living skills assessments and Program Coordinators will record scores on the worksheet located in their z drive.</p>	<p>1-6-23</p>	<p>HCBS: <u>Prior scores:</u> Individual Living Skills – 67 Health – 65 Nutrition – 67 Safety – 67 Leisure - 75</p> <p>Current scores: Individual Living Skills – 71 Health – 68 Nutrition – 66 Safety – 68 Leisure - 75</p> <p>GH: <u>Prior scores:</u> Individual Living Skills – 88 Health – 85 Nutrition – 83 Safety – 88 Leisure - 78</p> <p>Current scores: Individual Living Skills – 88 Health – 85 Nutrition – 83 Safety – 88 Leisure - 78</p>	<p>None needed, all scores stayed within acceptable range.</p>

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<p>90% of clients served in residential services will either maintain in their current placement or move to a less restrictive living arrangement.</p>	<ol style="list-style-type: none"> 1. Before admission to residential services, staff and all involved stakeholders will meet and determine exactly what amount of services are needed. 2. Program Coordinators will address current amount of services at each staffing and determine whether they continue to be an appropriate amount. 3. All efforts will be made to keep clients in their homes if they wish. 4. Staff will receive any training they may need to serve clients with specific needs and issues. 	<p>The Director of Residential Services will record all moves, increases and reduction in hours.</p>	<p>1-6-23</p>	<p>All clients served either maintained their level of placement or were able to move to a lower level of care.</p>	<p>None needed.</p>
<p>There will be no more than 1 mental health related hospitalization per site per quarter.</p>	<ol style="list-style-type: none"> 1. Staff will be trained in various mental illness that the individuals they work with may have. They will learn the signs and symptoms of various mental illness. 2. Staff working with more challenging individuals will be trained on a Staff Intervention Plan that will outline strategies to deal with mental health issues. 3. Clients will be taken to all mental health care appointments. 4. Clients will be given all mental health medications. 	<p>The Director of Residential Services, along with Team Leaders will track mental health hospitalizations.</p>	<p>1-6-23</p>	<p>There were no mental health hospitalizations during this reporting period.</p>	<p>None needed</p>

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<p>Client Satisfaction in all residential services will be 90% or higher.</p>	<ol style="list-style-type: none"> 1. Clients will complete satisfaction surveys during their staffing month with the Director of QA and Member Support. 2. Clients will have an opportunity to attend client forums and discuss any issues they may be having. 3. Clients will be involved in monthly site meetings where they will be encouraged to discuss any issues they may have. 4. The Director of Residential Services will follow up on all satisfaction surveys with a score lower than 90%. 	<p>The Director of QA and Member Support will keep a chart of all satisfaction scores and the Director of Residential Services will compile the average score for each service on a quarterly basis. The Director of QA and Member Support will also share minutes of client forums and house staff will send copies of monthly client meeting minutes to the Director of Residential Services and the Executive Director.</p>	<p>1-6-23</p>	<p>Previous Scores: GH – 95% HCBS – 99% Current Scores: GH – 97% HCBS – 99% Current scores:</p>	<p>The satisfaction score at the group home raised 2% from last reporting period and HCBS stayed the same. No improved needed.</p>

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<p>Clients will be encouraged to maintain good health by attending health care appointments and by following health care providers recommendations.</p>	<ol style="list-style-type: none"> 1. All clients served will receive annual physicals. 2. All clients served will be encouraged to see a dentist and optometrist once a year. 3. Any individual with a diagnosed health condition, (such as but not limited to; diabetes, arthritis, etc.) will be encouraged to include a goal to minimize the health risks associated with their condition on their annual Person-Centered Plan. 	<p>Staff will record all health care appointments in the health care log located on their facility z drive. Program Coordinators will include all health care visits on an individual's quarterly progress reports. Program Coordinators will include all progress towards health care goals on the quarterly progress report.</p>	<p>1-6-23</p>	<p>All individuals served attended all doctor appointments this reporting period unless the doctor themselves rescheduled.</p>	<p>N/A</p>
<p>Openings will be filled within 90 days to ensure continued financial viability.</p>	<ol style="list-style-type: none"> 1. The Director of Residential Services will maintain a wait list and notify people as openings become available. 2. The Director of Residential Services will update the waiting list on a quarterly basis and will delete individuals no longer interested or placed somewhere else and maintain individuals that continue to want to live with Nishna. 4. The Director of Residential Services will network with Case Managers and local realtors to ensure continuity. 	<p>Director of Residential Services</p>	<p>1-6-23</p>	<p>The average number of days between referral and admission to a site this reporting period was 128 days.</p>	<p>We continue to struggle with referrals from the Glenwood Resource Center. They require several meetings, and we require at least one tour of the prospective site. HUD paperwork for our Summit home is another hindrance. Oftentimes guardians are not quick in getting this paperwork back to us and that also delays the process. All we can do is continue to keep working to move things along. The one individual that was not a GRC during this reporting period had only 6 days between initial referral and admission to our Oak St. group home.</p>